

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILED DATE

ATTACHMENT

10/5/21/42

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1									61					
2									62					
3									63					
4									64					
5									65					
6									66					
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39									99					
40									100					
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42														
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46														
47														
48														
49														
50														
TOTAL IND.			↓	1		↓	1	↓						
TOTAL DEP.			←	12	←	10	←							
TOTAL CLAIMS				13		13								
TOTAL CLAUSES														